

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5113 (Rev. 13-03)	<b>DISTRICT REVIEW BOARD EVALUATION AND REPORTING FORM</b> <i>(For Certifying Perspective Officer in Charge Candidates)</i>		
<b>TO:</b> MILITARY PERSONNEL COMMAND (EPM-2)  <b>FROM:</b> _____, USCG, PRESIDENT <div style="text-align: center; font-size: small;"><i>(Senior Board Member)</i></div> <b>SUBJ:</b> RESULTS OF OFFICER IN CHARGE REVIEW BOARD			
<b>CANDIDATE/NAME</b>	<b>RATE</b>	<b>SOCIAL SECURITY NUMBER</b>	
<b>EVALUATION</b> <i>(S - Satisfactory - U - Unsatisfactory)</i>		<b>S</b>	<b>U</b>
1. PROFESSIONAL KNOWLEDGE: <i>(Scope of general knowledge and depth of specific knowledge on)</i>		<input type="checkbox"/>	<input type="checkbox"/>
a. Search and Rescue		<input type="checkbox"/>	<input type="checkbox"/>
b. Aids to Navigation		<input type="checkbox"/>	<input type="checkbox"/>
c. Law Enforcement		<input type="checkbox"/>	<input type="checkbox"/>
2. MILITARY PROFESSIONALISM		<input type="checkbox"/>	<input type="checkbox"/>
a. Vessel/Station maintenance programs		<input type="checkbox"/>	<input type="checkbox"/>
b. UCMJ and Military Justice Procedures		<input type="checkbox"/>	<input type="checkbox"/>
c. Command ethics		<input type="checkbox"/>	<input type="checkbox"/>
d. Small Unit Training Programs		<input type="checkbox"/>	<input type="checkbox"/>
e. Financial and budgeting management practices		<input type="checkbox"/>	<input type="checkbox"/>
f. Safety		<input type="checkbox"/>	<input type="checkbox"/>
g. Public Affairs		<input type="checkbox"/>	<input type="checkbox"/>
3. PERSONNEL MANAGEMENT		<input type="checkbox"/>	<input type="checkbox"/>
a. Family programs		<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling		<input type="checkbox"/>	<input type="checkbox"/>
c. Drug/alcohol use and symptoms of abuse		<input type="checkbox"/>	<input type="checkbox"/>
d. Human relations/abuse issues (i.e. sexual)		<input type="checkbox"/>	<input type="checkbox"/>
4. PERSONAL QUALITIES: ( * A Unsatisfactory in these categories automatically fails an individual)		<input type="checkbox"/>	<input type="checkbox"/>
a. Human Relations *		<input type="checkbox"/>	<input type="checkbox"/>
b. Leadership *		<input type="checkbox"/>	<input type="checkbox"/>
c. Demeanor *		<input type="checkbox"/>	<input type="checkbox"/>
d. Personal Ethics *		<input type="checkbox"/>	<input type="checkbox"/>
RECOMMENDATIONS AND COMMENTS:			
NAMES OF REVIEW BOARD MEMBERS:			
THE MEMBER NAMED ABOVE IS CERTIFIED QUALIFIED/NOT QUALIFIED TO COMMAND AFLOAT AND ASHORE/ASHORE ONLY. ATON ASHORE _____, ATON AFLOAT _____, MULTI-MISSION ASHORE _____, AND MULTI-MISSION AFLOAT _____			
<b>SIGNATURE</b> <i>(Senior Board Member)</i>			<b>DATE</b>